

Read instructions before completing form**FIS 0321** (10/06) Office of Financial & Insurance Services**Working Capital Calculation**

File with your quarterly statements. Provide data based on calendar year.

Address questions about this form to: Office of Financial Evaluation (517) 241-4490

Filing is required for:
All HMOs, AFDS and
Nonprofit Dental Care
Corporations**2007****DUE
quarterly****Bar Code Required - Place Bar Code Here**

Name of company _____

NAIC Group number and Co. code _____

Indicate
which
report you
are filing.

- ☐
- Annual data DUE March 1, 2007
-
- ☐
- Q1 data DUE May 15, 2007
-
- ☐
- Q2 data DUE August 15, 2007
-
- ☐
- Q3 data DUE November 15, 2007

Instructions:

The purpose of the Working Capital Calculation is to demonstrate continued compliance with Section 3555 of the Michigan Insurance Code for HMOs and AFDS, and Section 550.357 of the Michigan Insurance Code for Nonprofit Dental Care Corporations, and to permit the Office of Financial and Insurance Services (OFIS) to better analyze the company's financial condition. Working capital is defined as current assets minus current liabilities. The NAIC health blank no longer provides a classified balance sheet. This limits OFIS' ability to accurately calculate companies' working capital from the financial statements. All HMOs, AFDS and Nonprofit Dental Care Corporations will be required to prepare and submit this report quarterly with their financial statements.

Current assets are assets with a life of one year or less. The form provides a listing of some potential current assets but an analysis of whether assets meet the current assets definition must be performed by the company. Only report assets that meet the definition of current assets on this form. **Current Assets should exclude restricted assets (i.e. statutory deposit, escrow).** Current liabilities are obligations that are payable within one year or less. Only report liabilities that meet the definition of current liabilities on this form.

Current Assets

1. Cash, cash equivalents and short-term investments _____
2. Uncollected premiums and agents' balances in course
of collection _____
3. Investment income due and accrued _____
4. Health care and other amounts receivable _____
5. Receivables from parent, subsidiaries and affiliates _____
6. Amounts recoverable from reinsurers _____
7. Receivable for securities _____
8. Current federal income tax recoverable _____
Aggregate write-ins: (describe each item) _____
9. _____
10. _____
11. _____
12. _____
13. Total Current Assets (sum of 1 thru 12) _____

Current Liabilities

14. Claims unpaid _____
15. Accrued medical incentive pool and bonus amounts _____
16. Unpaid claims adjustment expenses _____
17. Premiums received in advance _____
18. General expenses due and accrued _____
19. Current federal income tax payable _____
20. Borrowed money and interest thereon _____
21. Amounts due to parent, subsidiaries and affiliates _____
22. Payable for securities _____
Aggregate write-ins liabilities: (describe each item) _____
23. _____
24. _____
25. _____
26. _____
27. Total Current Liabilities (sum of 14 thru 26) _____
- Total Working Capital (line 13 minus line 27) _____**

Certification

I certify that I am an officer of the company named in this report, and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature _____

Date signed _____

Person and phone number to contact regarding this report _____

Signer's name and title typed or printed _____

PA 218 of 1956 as amended requires submission of this form by all licensed Health Maintenance Organizations, AFDS and Nonprofit Dental Care Corporations. Failure to complete and submit this form properly could result in a compliance action or revocation of your authority to do business in Michigan.

**Michigan Department of Labor & Economic Growth**Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442

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